

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH
County of Yuma
District of _____
Town of Miami
or _____
City of _____ (No. _____ St. _____ Ward _____)

ORIGINAL CERTIFICATE OF BIRTH
State Index No. 129
Co. Register No. 308
Local Registrar's No. _____

FULL NAME OF CHILD William Edgar Morrison { Born } YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. { Alive } X

Sex of Child <u>M</u>	Twin, Triplet or other <u>1</u>	and	Number in order of birth _____	Legitimate? <u>Y</u>	Date of Birth <u>June 8</u> 191 <u>8</u> (Month) (Day) (Yr.)
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FATHER Full Name <u>Raynor Abel Morrison</u> Residence <u>Miami</u> Color or Race <u>Wh</u> Age at last Birthday <u>22</u> (Years) Birthplace <u>Iel</u> Occupation <u>Miner</u>	MOTHER Full Maiden Name <u>Coretta Scott</u> Residence <u>Miami</u> Color or Race <u>Wh</u> Age at last Birthday <u>23</u> (Years) Birthplace <u>Iowa</u> Occupation <u>H</u>
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Number of child of this mother 3 Number of children, of this mother, now living 3 Were precautions taken against Ophthalmia neonatorum? Y

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on June 8 1918, at 12:30 P.M.
{ *When there is no attending physician or midwife, then the householder should make this return. }
(Signature) Charles E. Jones (Attending physician, midwife, householder.)*
Given or christian name added from a supplemental report _____ 191_____
Address Miami
Filed July 30 1918 John H. Roey LOCAL REGISTRAR.
645-1656-323 Filed Aug 6 1918 B. G. Fox COUNTY REGISTRAR.
COUNTY REGISTRAR.